



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

August 10, 2016

Daniel J Piscuc
Tabita Piscuc
SUNSHINE ADULT FAMILY HOME
11312 NE 147TH ST
KIRKLAND, WA 98034

RE: SUNSHINE ADULT FAMILY HOME License #19400

Dear Provider:

On August 9, 2016 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated April 21, 2016.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:
Patricia Bautista, Licensor

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 AGING AND LONG-TERM SUPPORT ADMINISTRATION
 20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

Statement of Deficiencies	License #: 19400	Completion Date
Plan of Correction	SUNSHINE ADULT FAMILY HOME	April 21, 2016
Page 1 of 2	Licensee: DANIEL AND TABITA	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site full inspection of: 4/21/2016

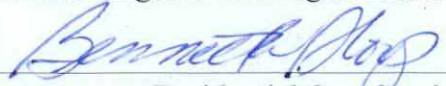
SUNSHINE ADULT FAMILY HOME
 11312 NE 147TH ST
 KIRKLAND, WA 98034

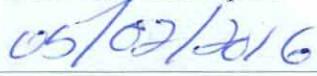
The department staff that inspected the adult family home:
 Patricia Bautista, Licensor

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

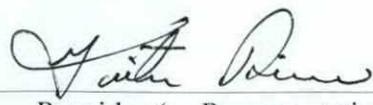
DSHS/ADS/RCS
 MAY 12 2016
 RECEIVED

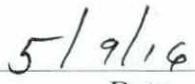
As a result of the on-site full inspection the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.


 Residential Care Services


 Date

I understand that to maintain an adult family home license I must be in compliance with all the licensing laws and regulations at all times.


 Provider (or Representative)


 Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

- (1) A list of the care and services to be provided;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on record review and interview, the Provider failed to have a system in place to ensure the negotiated care plan (NCP) for 1 of 3 sampled residents (Resident #1) addressed the care needs of the resident identified in the assessment. This failure placed Resident #1 at risk of having unmet/ unrecognized needs.

Findings include:

Record review and interview occurred on 4/21/2016 unless otherwise stated:

Resident #1 was admitted to the home on [redacted] 2010 with [redacted].
[redacted] Review of her assessment under [redacted] stated [redacted] had a [redacted].

Review of the care plan found there was no mention about the [redacted] and who would do the care, and how the care and services would be provided. There was no mention what to look for and when to report to the physician.

In interview, the Provider said her Nurse Delegator did her NCP, she did not realize there was no detailed care plan for the [redacted]. She would talk to her Nurse Delegator to include the [redacted] in the NCP.

RECEIVED
MAY 12 2016
DSHS/ADS/AR

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, SUNSHINE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 4/21/16. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.



Provider (or Representative)

5/9/16

Date